The following table, exhibiting a comparative view of the statistics of the cholera in Rome, Naples and Malta, is given by Dr. Schinas.

City.	Population.	Cases.	Ratio.	Deaths.	Per cent.
Rome,	150,000	9,372	1-16	5.419	57.8
Naples,	350,000	21,798	1-16	13,798	63.7
Malta and Gozo,	120,000	8,833	1-13	4,243	48.03

Such, then, is a brief account of the ravages in Malta and Gozo, of that giant disease which, during the last quarter of a century, has traversed, with a step of desolation, so large a portion of the habitable globe. After passing over a vast extent of territory upon the eastern continent, it leaped the broad Atlantic, bringing its breath of pestilence upon the shores of America. As if unsated by the extent of destruction here, it returned once more to Europe, and in Naples and Malta, as it had previously done in other places, nearly decimated the population. Although, at the present moment, it is apparently exterminate, the history of its course and characters is useful, not only as perpetuating a knowledge of one of the most remarkable epidemics with which the earth was ever visited, but also as an assistance to the physicians of future years, should it again appear and extend its ravages among mankind.

Art. IX. *Remarks on Tenotomy, with cases of Club-feet, and a case of Section of the Hamstring Tendons, for Contracted Knee-joint.* By Dr. Burleigh Smart, of Kennebunk, Maine.

Among the numerous improvements in modern operative surgery, there is probably none which presents stronger claims to the attention of the medical profession, and of the community in general, than the new method of removing those malformations termed club-feet, and of correcting the accidental deformities of a kindred character, occurring in different parts of the locomotive apparatus. Whether the almost uniform success of the method, or the numerous and painful distortions which it promises to remove, be taken into consideration, it seems justly entitled to a thorough examination and a faithful trial.

The history of this operation having been given in a previous number of this Journal,* need not be repeated here; it may be stated, however, that cases in which the operation has been performed in this country, have been reported by Drs. James H. Dickson,† Detmold,‡ N. R. Smith,§

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* May, 1838, p. 116, et seq.

† Am. Journ. Med. Sc. Nov. 1838, p. 96.

‡ Ibid. May, 1838.

§ Ibid. Nov. 1838, p. 61.

Mutter,[*] Geddings,[†] Walter,[‡] T. J. Garden,[§] and Brown;[‖] and doubtless it has been performed in other cases, not as yet made public.

The writer of these remarks, has, during the past summer and autumn, performed this operation, in four cases of club-feet, two of which were double and one single, making five operations. Two of the cases were congenital and one accidental.

The first case was that of a boy five years old, in whom the deformity was double and congenital; the first operation, which consisted in the section of both tendines Achillis, was performed in May last.

The deformity in this case was a combination of pes equinus, or Scoutetten's calcanian club-foot, and varus. The heel was so much drawn upwards, as not to permit its being brought to the floor in walking, by two and a half inches.

By a similar retraction of the tibialis anticus and posticus, and of the abductor pollicis pedis, the foot was so distorted as to cause him to walk on the outer portion of the dorsum of the foot, over the bases of the metatarsal bones of the lesser toes. This portion of the integuments, of the size of a half crown piece, had become so much thickened, that the surrounding portions were prevented from contact with the ground.

The retracted tendons were all divided, at three successive operations, at intervals of eight and ten days.

The tendo Achillis was severed, about an inch and a half above its insertion, by a sharp bistoury, inserted between the tendon and bone, its sides towards these parts. The cutting edge being then turned towards the tendon, this part was divided by a cutting motion.

The tibialis anticus tendon was cut, below the anterior annular ligament, and the tendon of the tibialis posticus was divided, just before its insertion into the scaphoid bone; and the tendon of the abductor of the great toe was separated near its insertion, in one foot only.

The extensor of Stromeyer was applied, immediately after the operation, and the heel brought down as much as it would admit, which was about one half: by tightening the extending strap daily, after the first three or four days, the heel was brought entirely down, in about a week. Had the whole operation been completed, at two different times, instead of three, which we think might have been safely done, one third part of the time would have been saved; but choosing rather to err on the safe side, if either, we preferred doing too little, to the opposite extreme.

After the extensor had been worn a sufficient time, to bring the feet nearly into a normal position, or a sufficient degree of extension had been made to bring down the heel, and extend the foot to a little less than a right angle with the leg; a laced shoe, with leg irons attached to an iron sole, with a hinge joint at the ankle, and extending up to a little below the knee, was applied and worn; with cross-bars between the leg-irons, and between the toes, so as to keep the feet in parallelism at all times. This boy was able to commence walking with the extensors on, in one week after the last operation. The laced shoes described, coming high up around the ankle, were now applied and worn, day and night, until the feet became firmly fixed in a normal position. They were removed every day, and the feet and ankles bathed with diluted spirits, with friction, to prevent excoriation and tumefaction.

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[*] Lecture on Club-feet.

[†] Am. Med. Intelligencer, Aug. 1849, p. 145.

[‡] American Journ. Med. Sc. Nov. 1838, p. 259.

[§] Am. Journ. Med. Sc. May, 1839, p. 257.

[‖] Boston Med. and Surg. Journ. Oct. 16, 1839.

The patient can now walk, run, jump and dance, without shoes or boots, without any apparent inconvenience; with a slight inclination of one foot inwards, caused by that inclination of the corresponding knee joint.

A calf to the legs has been developed since he began to walk, although there was no appearance of any before the operation, the legs being destitute of any prominences from the knee to the heel.

The second case was a lady, ætat. 28, with congenital double club feet. The feet were turned in, at right angles with the normal position; and the soles so turned upward and backward, that the entire weight was brought to rest on the dorsal or upper surfaces of the feet, over the cuboid bones. The plantar aponeurosis was contracted or shortened, drawing around the metatarsal portion of the foot, so much as to produce a deep sulcus in the sole of the foot, opposite the junction of the tarsus and metatarsus. This so shortened the foot, that it was one inch longer after the removal of the distortion than before. In this case there was very little calcanean distortion, and consequently, the tendines Achillis were not divided; what slight retraction there was, yielding to the extension, made after separating the shortened tendons.

The tendons of the tibial muscles, and the flexor and abductor pollicis pedis, in one foot; and the plantar aponeurosis and the tibials in both were cut at three different times; and the common mechanical means subsequently applied. But so unyielding were some of the ligaments, that much difficulty was experienced, in bringing the feet into a normal position. The ligaments, apparently most implicated, were the inferior culcaneo-cuboid and the deltoid.

We have found the mechanical part of the treatment of this deformity, much the most difficult part; and in one case, the common means used to bring the foot into the desired position entirely failed.

The treatment of this case has been, however, ultimately successful; the patient now being able to walk on the soles of her feet, although the ankle joints are yet weak. They are gaining strength, however, and she is improving in the facility of walking.

The third and last case, was that species of the deformity, by Scoutetten, called phalangian club-foot—the toes and metatarsus being turned under the foot and backwards, so as to bring the dorsal surface of the foot, to occupy the position of the plantar surface, in a natural state; thus subjecting the patient to bear her weight on the top of the foot—this part, by its malposition, being, in function, converted into the bottom of the foot.

The subject was a female, ten years of age. The deformity was accidental—its commencement bore date as far back as the period when she commenced walking. It gradually increased to the state described. The distortion was produced by a retraction, or too short a state of the tendo Achillis and plantar aponeurosis.

By a division of these parts, the foot, in a week, was brought into a natural position; and, in a fortnight subsequent to the operation, she was able, with the aid of the shoe, used in the other cases, to begin to walk with assistance.

Case of Contracted Knee-Joint, by Contraction of the Muscles of the Hamstring Tendons—Section of these Tendons—Straightening of the Limb.—The subject of this case was a boy nine years old, with the marks of a scrofulous diathesis. The knee of the left leg began to enlarge, on each side of the ligament of the patella, six years ago, accompanied with a slight lameness in walking—no pain, tenderness or redness. At this time there was a perceptible tightness of the tendons in the ham, and a disposition to flexion of the limb when in a recumbent posture. This thickening, of the integuments of the joint, was followed by an apparent enlargement of the articular extremities of the bones of this joint. The enlargement, however, never became very great, sufficiently so, to render it distinctly perceptible at sight. About two years since, the boy was found to be affected with an angular anterior curvature of the spinal column, at the junction of the lumbar, with the sacral vertebræ; and the knee-joint more flexed, other appearances of the joint remaining the same. At this time the general health, always good before, appeared to be affected—some loss of flesh and strength, and restless nights. By the use of moxa and caustic issues, each side of the angular projection, kept open for about eight months; and the internal use of sarsaparilla, soda, and the hydriodate of potassa, the disease of the spine was apparently cured. But, now, there was a considerable degree of stoop, or inclination forward, given to that portion of the trunk above the pelvis. In this state Dr. Brown, of Boston, being consulted, advised the application of a mechanical apparatus, to be constantly worn, together with the use of an inclined plane; which seemed to afford important aid in rectifying the forward inclination of the trunk. But, as the straightening of the spinal column progressed, an increase of the flexion of the knee was observable. This straightening of the spine was evidently effected, principally, if not entirely, at the expense of the unaffected portion of the spine above; for here was evidently formed a counter curve, to the diseased one; that still remaining not materially lessened, by which the trunk has been elevated to an erect position.

For the period of about five years, this lad, in walking, has been able to bring only the toes and ball of the foot to the ground; the heel not coming to the ground, in the ordinary step, by the distance of between two and three inches, the latter part of that period of time. The leg has been a little smaller than the other, below the knee, ever since the commencement of the distortion.

The section of the hamstring tendons, having been proposed last spring, as the most probable means of relieving the deformity, the father, after having taken other medical advice upon the safety and expediency of the operation, concluded to have it done. It should have been remarked, when speaking of the treatment of the first stage of the angular curvature, that it was followed by a gradual and entire restoration of the general health, which has remained without any interruption, good, during all the time since.

On the 15th November, the tendons of the biceps flexor cruris on the one side of the popliteal depression, and of the semitendinosus and semimembranosus on the other, were divided, about two inches above their insertion. There was not a teaspoonful of blood lost. The operation was performed with a slightly curved and sharp-pointed bistoury, which was introduced with the flat surface parallel and close to the inner side of the tendons, with the point upwards, and penetrating sufficiently deep to hook the point of the instrument under the tendon, by gently depressing the handle and turning the blade of the bistoury on its own axis, until it revolved a quarter of a circle, and the edge was presented transversely to the tendon. Then, by a gently sawing motion, depressing the handle, and at the same time elevating the point of the instrument, the parts were divided with but very trifling pain. We have noticed that this sawing motion is much less productive of pain, than where the parts are divided by their tension, over the edge of the instrument, by raising them on the edge of the knife like a lever.

The same precautions were observed here, as in the dividing the tendons in the cases of the club-feet, to make as small a puncture or external opening as practicable, and not cutting through the skin, at any other part, than at the point of the introduction of the instrument.

The punctures were accurately closed by court and adhesive plaster, and a compress and bandage were applied, with a crooked splint outside the bandage; the limb having been extended about two inches, measured at the heel, before the dressings were applied. The flexion of the leg previous to the operation was about 40 degrees.

The 8th day subsequent to the operation, no pain or troublesome inflammation having supervened, a carved wooden splint, with its cavity padded, and having a hinge joint at the knee, by which the two parts were connected, was applied and confined with broad padded straps passing from one side of the splints to the other, fastening with buckles above and below the knee. On the posterior surface of the splints was fixed a screw, connecting the two splints; by the daily turns of which, the limb was gradually extended until it became very nearly straight, which was effected in a fortnight after the extending apparatus was applied, and three weeks after the operation.

This patient commenced walking as soon as the extending apparatus was applied. He is now able to walk with or without it, bearing his weight on the entire length of the foot; he can place the heel on the ground at every step, which he had not been able to do for about five years.

He is now directed to wear the apparatus by night and half of the day, and leave it off the remaining portion of the time; to use the limb freely, and frequently flex and extend it when the apparatus is unapplied; and to continue this course until a free, easy and entire use of the joint is regained.

December 10th, 1839.

Art. X. *A Case of Stricture of the Urethra cured by Bougies of Bark of the Slippery Elm Tree.* By Wm. Waters, M. D. of Fredericktown, Md.

Mr. ———, ætat. about 28, of strumous habit and ill health, informed me that he was threatened with retention of urine from stricture. According to his history of the case, he had laboured under blennorrhœa for *thirteen* years; for the last *three* years symptoms of stricture existed at times, and for the last twelve months his urine always flowed in a forked stream, or twisted like a cork-screw, evidently denoting permanent stricture. For the last year past he had been using the gum-elastic bougie for the twofold purpose of relieving the discharge as well as the stricture. On the 14th of August last I was consulted, when I found him labouring under considerable local inflammation, with purulent discharge, and great difficulty in urinating. By leeching along the course of the urethra and other antiphlogistic means, the active inflammation was reduced in a few days. I then examined the stricture with a bougie, and found it seated about four inches from the glans penis, and admitting only the smallest size gum elastic bougie. I immediately put him on the use of bougies prepared from the bark of slippery elm. They were made very smooth, and of gradual increase of size, shaped like the ordinary gum elastic. Before using they were held a few moments in tepid water, and were permitted to remain in the urethra generally half an hour, sometimes an hour or more, On one occasion, when introduced at bed time, he fell asleep with it in and rested well all night, suffering not